

SCC eFile
(6/10)

**2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

211512966

1.) CORPORATION NAME:

National Retail Properties, Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1182650**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	190,000,000
PREFER	15,000,000
OTH	205,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 450 S ORANGE AVENUE
SUITE 900

CITY/ST/ZIP: ORLANDO, FL 32801-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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OFFICER

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DIRECTOR

NAME: JULIAN E WHITEHURST
TITLE: P/COO
ADDRESS: 450 S ORANGE AVE
SUITE 900
CITY/ST/ZIP/CO: ORLANDO, FL 32801-

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OFFICER

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DIRECTOR

NAME: JONATHAN A ADAMO
TITLE: VICE PRESIDENT
ADDRESS: 450 SOUTH ORANGE AVENUE
SUITE 900
CITY/ST/ZIP/CO: ORLANDO, FL 32801-

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OFFICER

☐

DIRECTOR

NAME: CHRISTOPHER F BARRY
TITLE: VICE PRESIDENT
ADDRESS: 450 SOUTH ORANGE AVENUE
SUITE 900
CITY/ST/ZIP/CO: ORLANDO, FL 32801-

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OFFICER

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DIRECTOR

NAME: JAMES W BASTIAN
TITLE: VICE PRESIDENT
ADDRESS: 450 SOUTH ORANGE AVENUE
SUITE 900
CITY/ST/ZIP/CO: ORLANDO, FL 32801-

NAME:	DAVID G BYRNES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	KRISTIN L FURNISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	STEPHEN A HORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	MICHAEL D IANNONE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	JOSHUA P LEWIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	MICHELLE L MILLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	MARGARET C MOEDER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	MARY R MORRISON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	DAWN A PETERSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		

NAME:	DAVID J REIF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	DANIEL T TERVO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	MATTHEW J WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	CHRISTOPHER P TESSITORE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	450 SOUTH ORANGE AVENUE STE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	KELLA W SCHAIBLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	KEVIN B HABICHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/TREAS		
ADDRESS:	450 S ORANGE AVE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	CRAIG MACNAB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	PAUL E BAYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	450 SOUTH ORANGE AVENUE STE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		
NAME:	DON DEFOSSET	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	450 SOUTH ORANGE AVENUE SUITE 900		
CITY/ST/ZIP/CO:	ORLANDO, FL 32801-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID M FICK DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD B JENNINGS DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED B LANIER DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT C LEGLER DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT MARTINEZ DIRECTOR 450 SOUTH ORANGE AVENUE SUITE 900 ORLANDO, FL 32801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ CHRISTOPHER P TESSITORE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHRISTOPHER P TESSITORE, <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>6/20/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			